



Making a difference...together

## BFP Tester Registration

### Backflow Tester Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCWWA Certificate No. \_\_\_\_\_  
Home Address: \_\_\_\_\_ Municipality: \_\_\_\_\_  
PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Company Information

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Municipality: \_\_\_\_\_  
PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Test Kit Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Exclusive Test Kit User: ☐ Yes ☐ No

If no, please provide other testers names: \_\_\_\_\_  
\_\_\_\_\_

Copy of valid BCWWA Certificate received: ☐ Yes ☐ No Calibration Report received: ☐ Yes ☐ No

NOTE: A copy of your valid BCWWA certificate and a copy of a current calibration report for test kit used must be attached in order for your registration to be accepted.

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CRD USE ONLY

CRD Registration Number CRDT \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CCCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or email COMPLETED form to:

CRD Cross Connection Control  
PO Box 1000, 625 Fisgard Street  
Victoria, BC V8W 2S6

Email: [ccc@crd.bc.ca](mailto:ccc@crd.bc.ca)

Tel: 250.474.9506

Website: [www.crd.ca/crossconnection](http://www.crd.ca/crossconnection)